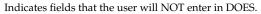
TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002 DEERS

Chapter 3
Addendum D

BUSINESS RULES

BUSINESS	Rules Legend
SHEET	BUSINESS EVENT
A	Eligibility for Enrollment Inquiry
В	Enrollment Into Health Benefit Program
B (cont.)	Enrollment Into Health Benefit Program (CHCBP)
C	Disenrollment
D	Modification of Enrollment (PCM Change)/PCM Panel Reassignment
E	Modification of Enrollment (PCM Cancellation and Transfer Cancellation)
F	Modification of Enrollment (Transfer)
G	Modification of Enrollment (Enrollment Period Change)
Н	Modification of Enrollment (Enrollment End Reason Code Change)
I	Modification of Enrollment (Enrollment/Disenrollment Cancellation)
J	Online Enrollment Fee Payment
K	Enrollment Fee Waiver Information Update for an Individual
L	Beneficiary Update

Within each sheet (DOES business events):



- * Data Type: O=Optional; R=Required; S=Situational; B=Subscriber; I=Insured; UP=USFHP Provider; CV=Civilian; DP=Designated Provider; RS=Resources Sharing
- ** Enforced By: M=MCSC/USFHP Provider; D=DEERS

Note: If an MCSC/USFHP provider has the need to modify an enrollment outside of the allowable modification period (as stated in the business rules for each event), the MCSC/USFHP Provider must contact the DEERS Support Office (DSO) to make the change.

Each worksheet represents a DEERS Medical business event. The business rules begin with a listing of general rules that apply to all programs and plans. Following the generalized rules, the programs or coverage plans for which the business event applies are listed. Each data attribute included in the business event is then listed by program or coverage plan with the specific rules including data usage, system edits, entity responsible for enforcing the business rule, and error message returned if the business rule is not met (if applicable).

DMDC reserves the right to modify these business rules at any time based on new requirements or further developments of existing requirements.

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C-6, January 16, 2004

BUSINESS RULES: A. ELIGIBILITY FOR ENROLLMENT INQUIRY

EVENT AND DATA FLOW	DATA Type*	Business Rules	ENFORCED BY**
		This inquiry is used for eligibility for enrollment only.	
		Eligibility inquiries are made for a family.	
		Eligibility for Enrollment inquiries will show the current health care program information	
		for the inquiry date.	
		If an enrollment exists in the last 12 months, enrollment information will be returned in the	
		Eligibility for Enrollment Inquiry response.	
		PCM information (if applicable) will only be displayed for the past 12 months.	
		If the beneficiary is eligible to enroll in other coverage plans for the HCDP requested,	
		DEERS will return all appropriate coverage plans and dates of eligibility.	
		Parent and Parent-in-Laws are no longer eligible to enroll in TRICARE. However, if they are	
		already enrolled, their enrollments can be modified but the PCM selection MUST remain	
		within the USFHP provider network.	
		Foreign military are not eligible to enroll in any TRICARE program.	
ELIGIBILITY FOR ENROLLMENT INQUIRY			
1. Person/Family Transaction Type Code	R	Family	D
2. Inquiry Person Type Code	R	Identifies whose ID is being submitted, sponsor or family member. DOES defaults to	D
		sponsor; if ID is not found as sponsor, DEERS will look for the ID as a family member.	
3. Inquiry Person Identifier	R		D
4. Inquiry Person Identifier Type Code	R	Acceptable values are SSN, TIN, and FIN. DOES defaults to SSN, but user may change.	D
5. HCDP Type Code	R	Specifies if the inquiry is for Medical or Dental programs. DOES defaults to the HCDP Type	D
		Code for which the user has enrollment permissions.	
6. HCDP Code	R	Specifies the health care delivery program (e.g., Prime, CHCBP) for which eligibility is	M, D
		being requested. DOES defaults to all HCDP Codes for which the user has enrollment	
		permissions.	
7. HCDP Eligibility Inquiry Point-in-Time Calendar Date	R	DOES defaults to the system date and will display eligibility from the past 60 days to 90	D
		days in the future.	

TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002 CHAPTER 3, ADDENDUM D BUSINESS RULES

BUSINESS RULES: B. ENROLLMENT INTO HEALTH BENEFIT PROGRAM

GENERAL BUSINESS RULES	ENFORCED BY**
Length of enrollment is indefinite or less based on eligibility.	D
A person cannot be enrolled in multiple coverage plans during the same time period.	D
Until policies are consolidated across contracts, a family cannot have multiple coverage policies of the same plan type with the same	D
contractor during the same time period.	
Once policies are consolidated across contracts, a family cannot have multiple coverage policies of the same plan type during the same time	D
period.	
Enrollment fee payments may be waived. DEERS will allow this information to be communicated through the HCDP Individual Enrollment	M
Fee Waiver Reason Code.	
MCSC/USFHP Providers should use the Enrollment Fee Payment Exception Reason Code to indicate the reason an enrollment fee payment	M
is less than expected.	
A beneficiary can only enroll in a plan for which he/she is eligible, based upon the DEERS response to an Eligibility for Enrollment Inquiry.	M, D
DEERS will validate that the enrollee lives within the enrolling organization's jurisdiction. If the enrollee's ZIP Code is outside jurisdiction	M, D
(as determined on the Service Area File), DOES will provide a warning message but will allow the enrollment.	
DEERS will validate that the PCM Region Code falls within the enrolling organization's Contract ID.	D
The policy enrollment period begin date is set based on the first person enrolled in the coverage plan and is equal to that person's enrollment	D
begin date.	
If an enrollment into a plan that require fees must be effective other than on the first of the month, DOES will only enroll the beneficiary	M, D
through the end of that month. The MCSC/USFHP Provider should waive fees for this period and set a fee exception reason. It is also the	
MCSC/USFHP Provider's responsibility to re-enroll the beneficiary effective the first of the following month in order to provide continuous	
enrollment and to set the anniversary date.	
Enrollment fees and Other Health Insurance may be added to DEERS at the time of enrollment. Refer to the Online Enrollment Fee Payment	M, D
and OHI Add business rules for more details.	
Parent and Parent-in-laws are no longer eligible to enroll. However, if they are already enrolled, their enrollments can be modified, but the	D
PCM selection MUST remain within the USFHP network.	
Foreign military are not eligible to enroll in any TRICARE program.	D

TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002 CHAPTER 3, ADDENDUM D BUSINESS RULES

BUSINESS RULES: B. ENROLLMENT INTO HEALTH BENEFIT PROGRAM

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Event And Data Flow	Active Duty Service Members		Active Duty Family Members (b) TRICARE Remote Individual Coverage for	nsors	Members	ra se	d Spo	eased	CARE Prime Family Coverage for Tran	TRICARE Prime Individual Coverage	e for	Individual Cover and Family Mem	(l) TRICARE Prime Family Coverage for Retired Sponsors and Family Members	(m) TRICARE Prime Individual Coverage for Transitional Assistance Sponsors and Family Members	(n) TRICARE Prime Family Coverage for Transitional Assistance Sponsors and Family Members	(o) Prime Individual Coverage for Transitional Survivors Guard/Reserve Deceased Sponsors	(p) Prime Family Coverage for Transitional Survivors Guard/Reserve Deceased Sponsors	(q) Prime Individual Coverage for Survivors of Guard /Reserve Deceased Sponsors	(r) Frime Family Coverage for Survivors of Guard / Reserve Deceased Sponsors	(s) TRICARE USFHP Direct Care Coverage for Active Duty Family Members	Transitional Survivors of Active Duty Sponsors	(w) INICARE OSFITE Direct Care Individual Coverage for Survivors of Active Duty Sponsors	(v) TRIC ARE USELLE Direct Care Failing Coverage on Survivors of Active Duty Sponsors (v) TRIC ARE USELLE Direct Care Tadiridated Coverage (v) TRIC ARE USELLE DIRECT CARE TADIRING TO TRICK TO TRIC	(w) TRIC ARE USEHP Direct Care Harlin Coverage for	(x) TRICARE USFHP Direct Care Family Coverage for Retired Sponsors and Family Members	(y) TRICARE USFHP Direct Care Individual Coverage for Survivors of Guard/Reserve Deceased Sponsors	Survivors of Guard/Reserve Deceased Sponsors	(aa) I INCARE Flus with CFIC Coverage for Active Duty Family Members	ly Members	Duty Decease	(ad) TRICARE Plus Coverage for Transitional Survivors Active Duty Deceased Sponsors	(ae) TRICARE Plus with CHC Coverage for Survivors of Active Duty Deceased Sponsors	(af) TRICARE Plus Coverage for Survivors of Active Duty Deceased Sponsors	(ag) TRICARE Plus Coverage for Refired Sponsors, Family Members and Medal of Honor	(ah) TRICARE Plus with CHC Coverage for Refired Sponsors, Family Members and Medal or Honor	(a) IKICARE Flus with CHC Coverage for Transitional Survivors of Guard/Reserve Deceased Sponsors	ard/Reserve Deceased Sponso	ard/Reserve Deceased Sponso	Guard / Reserve Deceased Sponsors (ak) TRICARE Plus with CHC Coverage for Survivors	Option Program Standard (a1) LKICARE Plus Coverage for Survivors of	(am) TRICARE Extended Care Health	(an) TRICARE Extended Care Health Option Program Extended	BUSINESS RULES BY COVERAGE PLAN	ENFORCED BY
Role of Sponsor	В, І	В	В	\$\frac{9}{8}\$ \frac{1}{6}\$ \fra																																								
DEERS ID (Insured) HCDP Enrollment Update Code	R	R	R	R	R	R	R	I	2	R	R	R	R	R	R	R	R	R	R	R			R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	I	R	R	R		
HCDP Type Code	R	R	R	R	R	R	R	I	2	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	I	R F	R	R		Е
HCDP Plan Coverage Code	R	R	R	R	R	R	R	I	2	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	I	R F	R	R		П
 Enrollment Management Contractor Enrollment Begin Calendar Date 	R	R	R	R	R	R	R	. 1	2	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	1	₹ F	R	R	change. See general business rule above for mid-month enrollments into plans that require fees. B. Must be within eligibility and may be current date, up to 90 days in the future, or 60 days prior to current date (for retroactive enrollments).	
																																											Begin Calendar Date equal to this date.	
 Enrollment Management Contractor Enrollment End Calendar Date 	R											R	R						R						R	R	R														R	R	eligibility for the enrolled coverage plan unless this is a mid-month enrollment into a plan requiring fees B. DEERS enforces that enrollment periods do no overlap.	
 HCDP Individual Enrollment Fee Waiver Reason Code 	t N/A	N/2	A N/	A N/	A N/.	A N/.	A N/	A N,	/A N	I/A N	N/A	s	S	N/A	N/A	N/A	N/A	S	S	N/A	N/A	N/A	N/A	S	s	S	s	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	A N,	/A N/	/A :	N/A	If an individual is waived from enrollment fee payments, the reason for the waiver should be sent to DEERS; applicable to coverage plan.	N
8. Enrollment Management Contractor Health Care Delivery Program Enrollment Application Received Calendar Date												0	0	0	0	0	0		0	0			0			0	0	0	0		0	0	0	0	0		0	0) (0	0		M
Program Enrollment Application Received Calendar Date	0	0										0	0	0	0	0	0	0	0	0	0		О			0	0	0	0		O	0	0	0	0	0	0	0				0		N
 Enrollment Management Contractor Enrollment Residence Mailing Address US Postal Region ZIP Code 	R	R	R	R	R	R	R	I	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	I	ę F	R	R	Required to perform jurisdiction; if ZIP is invalid for enrollment (jurisdiction or program), DOES will provide a warning and allow the enrollment. DOES defaults to the residential address ZIP Code (or mailing address ZIP Code if there is no residential address on DEERS), but user may chance it	

TRICARE Systems Manual 7950.1-M, August 1, 2002
CHAPTER 3, ADDENDUM D

BUSINESS RULES

TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002 CHAPTER 3, ADDENDUM D BUSINESS RULES

ENROLLMENT INTO HEALTH BENEFIT PROGRAM (CONTINUED) BUSINESS RULES: B.

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									TRIC	ARE I	PRIME I	PLANS										TRICA		JSFHP								TRIC	CARE I	PLUS P	LANS					E	CARI CHO OGRAI		
-	EVENT AND DATA FLOW	(a) TRICARE Remote for Active Duty Service Members	Active Duty Family Members	Active Duty Family Members A TRICA PE Pamers Individual Coversors for		Active Duty Family Members (d) TRIC ARE Prime Individual Coverage for	Family Members Individual Coverage	(g) TEXAME Frame individual Coverage for Transitional Survivors of Active Duty Deceased Sponsors	(h) TRICARE Prime Family Coverage for Transitional Survivors of Active Duty Deceased Sponsors (c) TRICARE Deimo Individual Coverage for Transitional	ivors of	(i) TRICARE Prime Family Coverage for Survivors of Active Duty Deceased Sponsors	(k) TRICARE Prime Individual Coverage for Retired Sponsors and Family Members	(I) TRICARE Prime Family Coverage for Retired Sponsors and Family Members	(m) TRICARE Prime Individual Coverage for Transitional Assistance Sponsors and Family Members	(n) TRICARE Prime Family Coverage for Transitional Assistance Sponsors and Family Members	(o) Prime Individual Coverage for Transitional Survivors Guard / Reserve Deceased Sponsors	(p) Prime Family Coverage for Transitional Survivors Guard /Reserve Deceased Sponsors	(q) Prime Individual Coverage for Survivors of Guard/Reserve Deceased Sponsors	(r) Prime Family Coverage for Survivors of Guard/Reserve Deceased Sponsors	(s) TRICARE USFHP Direct Care Coverage for Active Duty Family Members	(t) TRIC ARE USFHP Direct Care Coverage for Transitional Survivors of Active Duty Sponsors	(u) TRICARE USFHP Direct Care Individual Coverage for Survivors of Active Duty Sponsors	(v) TRICARE USFHP Direct Care Family Coverage for Survivors of Active Duty Sponsors	(w) TRICARE USFHP Direct Care Individual Coverage for Retired Sponsors and Family Members	(x) TRICARE USFHP Direct Care Family Coverage for Retired Sponsors and Family Members	(y) TRICARE USFHP Direct Care Individual Coverage for Survivors of Guard/Reserve Deceased Sponsors	(z) TRICARE USFHI? Direct Care Family Coverage for Survivors of Guard/Reserve Deceased Sponsors	(aa) TRICARE Plus with CHC Coverage for Active Duty Family Members	(ab) I KICARE Plus Coverage for Active Duty Family Members	(ac) TRICARE Plus with CHC Coverage for Transitional Survivors of Active Duty Deceased Sponsors	(ad) TRICARE Plus Coverage for Transitional Survivors Active Duty Deceased Sponsors	(ae) TRICARE Plus with CHC Coverage for Survivors of Active Duty Deceased Sponsors	(af) TRICARE Plus Coverage for Survivors of Active Duty Deceased Sponsors	(ag) TRICARE Plus Coverage for Retired Sponsors, Family Members and Medal of Honor	(ah) TRICARE Plus with CHC Coverage for Retired Sponsors, Family Members and Medal or Honor	(ai) TRICARE Plus with CHC Coverage for Transitional Survivors of Guard/Reserve Deceased Sponsors	of Guard / Reserve Deceased Sponsors	of Guard / Reserve Deceased Sponsors	Guard/Reserve Deceased Sponsors	Option Program Standard	Option Program Extended	BUSINESS RUES BY COVERAGE PLAN (an) TRICARE Exercised Care Health	ENFORCED BY**
	Enrollment Management Contractor Enrollment Work Mailling Address US Postal Region ZIP Code	R	R	R	N/A	N/A	A N/A	. N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	A N/	N/A	N/	A. Required for TRIC ARE Remote only; if ZIP is invalid for enrollmen (jurisdiction or program), DOES with provide a warning and allow the enrollment DOES defaults to the enrollment DOES defaults to the residential address ZIP Code (or mailing address ZIP Code if there in or esidential address on DEERS), but user may change it. B. If the sponsor and family member's residential ZIP codes are not equal, DOES will prompt the user to disention! the family member is compared the family member and the sponsor	nt rill is
1	Sponsor Enrollment Management Contractor Enrollment Residence Mailing Address US Postal Region ZIP Code	R	R	R	N/A	A N/A	A N/A	. N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	A N/.	N/A	N/	A A Required for TRIC ARE Remote only; if ZIP is invalid for enrollmen (jurisdiction or program), DOES wi provide a warning and allow the enrollment. B. If the sponsor's residential ZIP Code is modified to be different the family members 'that are enrolle in TPR ADPM in another contract, DEERS will automatically disenroll the family members and send appropriate notifications.	nt ill an ed
. 1	Health Care Delivery Program Enrollment Card Request Status Code	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	A N/.	A N/A	N/.	A Indicates whether or not an ID card should be generated Default is to generate card upon enrollment.	
1	Health Care Delivery Program Enrollment Card Request Calendar Date	S	S	S	S	S	s	S	S	S	S	S	S	S	S	S	S	S	S	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	A N/.	A N/A	N/.	A Current date; changed only when Enrollment Card is Requested.	
	PCM Region Code	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	The PCM Region Code mus fall under the Contract ID submitting the enrollment. I there is only one, DOES will default.	If l
	PCM Network Provider Type Code	None CV UP	None CV	e Non CV	e DC RS	DC CV UP RS	DC CV UP RS	DC CV UP RS	CV UP RS	DC CV UP RS		DC CV UP RS	DC CV UP RS	DC CV UP RS	DC CV UP RS	DC CV UP RS	DC CV UP RS	DC CV UP RS	DC CV UP RS	UP	UP	UP	UP	UP	UP	UP	UP	DC RS	DC RS	DC RS	DC RS	DC RS	DC RS	DC RS	DC RS	DC RS	DC RS	DC RS	RS	DC RS	DC RS	default, but the user may change if there is more than one option.	
	PCM Enrolling Division DMIS Identifier	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	A. For DC, UP, and RS network enrollments, the user will select the DMIS ID/DMIS Name in DOES. DOES will only display DMIS that fall within the PCM Region Code. B. For CV network enrollments, DOES will default based on the PC Region Code and coverage plan.	· ·M
	PCM Identifier PCM Identifier Type Code	R R	R R	R	R	R	R R	R	R R	R R	R R	R R	R R	R R	R R	R R	R R	R R	R R	R R	R R	R	R R	R R	R R	R R	R R	R	R R	R R	R R	R R	R R	R R	R R	R R	R R	R	R	R	R	PCM search criteria	M, I
	PCM License Identifier	0	-		0																																		- **				1

BUSINESS RULES: B. ENROLLMENT INTO HEALTH BENEFIT PROGRAM (CONTINUED)

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																						Pla	N ANI	DAT	a Type	•													LITOL	CARE		
								TRIC	ARE P	RIME P	LANS										TRICA	ARE U	SFHP	PLANS							TRIC	CARE	PLUS P	LANS					EC	CARE CHO GRAM		
Event And Data Flow	(a) INCARE Remote for Active Duty Service Members	Active Duty Family Members	Active Duty Family Members	(c) TRICARE Famore Family Coverage for	(e) I KICAKE Frime Individual Coverage for Active Duty Family Members (d) TPIC APP Prime Individual Coverage for	(f) TRICARE Prime Family Coverage for Active Duty Family Members	(g) TRICARE Prime Individual Coverage for Transition Survivors of Active Duty Deceased Sponsors		(i) TRICARE Prime Individual Coverage for Survivors of Active Duty Deceased Sponsors	(j) TRICARE Prime Family Coverage for Survivors of Active Duty Deceased Sponsors	(k) TRICARE Prime Individual Coverage for Retired Sponsors and Family Members	(I) TRICARE Prime Family Coverage for Retired Sponsors and Family Members	(m) TRICARE Prime Individual Coverage for Transition Assistance Sponsors and Family Members		verage for Transit	(p) Prime Family Coverage for Transitional Survivors Guard / Reserve Deceased Sponsors	(q) Prime Individual Coverage for Survivors of Guard /Reserve Deceased Sponsors	(r) Prime Family Coverage for Survivors of	(s) TRICARE USFHP Direct Care Coverage for Active Duty Family Members	(t) TRICARE USFHP Direct Care Coverage for Transitional Survivors of Active Duty Sponsors	(u) TRICARE USFHP Direct Care Individual Coverage for Survivors of Active Duty Sponsors	(v) TRICARE USFHP Direct Care Family Coverage for Survivors of Active Duty Sponsors	(w) TRICARE USFHP Direct Care Individual Coverage for Retired Sponsors and Family Members	(x) TRICARE USFHP Direct Care Family Coverage for Retired Sponsors and Family Members	(y) TRICARE USFHP Direct Care Individual Coverage for Survivors of Guard/Reserve Deceased Sponsors	(z) TRICARE USFHP Direct Care Family Coverage for Survivors of Guard / Reserve Deceased Sponsors	(aa) IRICARE Plus with CHC Coverage for Active Duty Family Members	(ab) TRICARE Plus Coverage for Active Duty Family Members	s with CHC Coverage for It Active Duty Deceased Spor	(ad) TRICARE Plus Coverage for Transitional Survivors Active Duty Deceased Sponsors	(ae) TRICARE Plus with CHC Coverage for Survivors of Active Duty Deceased Sponsors	(af) TRICARE Plus Coverage for Survivors of Active Duty Deceased Sponsors	(ag) TRICARE Plus Coverage for Retired Sponsors, Family Members and Medal of Honor	(ah) TRICARE Plus with CHC Coverage for Retired Sponsors, Family Members and Medal or Honor	ä ≤	(a)) TRICARE Plus Coverage for Transitional Survivors of Guard /Reserve Deceased Sponsors	of Guard/Reserve Deceased Sponsors	rd / Reserve Deceased Sponsor	Option Program Standard	Option Program Extended Option Program Extended	Business Ruies By Coverage Plan	ENFORCED BY**
21. PCM Name	R	R	R	R	R	R	≅ R	R	R	R	R	R	R E	R	R	R	R	R	R	R	R	R	R R	R	R	R	R	R	R	R	R	R	R	R	R R	R	R	R	R	R	PCM search criteria	M, I
22. PCM Group Identifier	N/A	N/A	N/A	A S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	R	R	R	R	R	R	R	R	R	R	R	R	R	R	PCM search criteria; only applicable to DC/RS PCMs	M, I
 PCM Group Name PCM Place of Care Identifier 	0	0		S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	0	0	0	0	0	0	0	0	R	R	R	R	R	R	R	R	R	R	R	R	R	R	PCM search criteria PCM search criteria; only applicable	M, I
				A S	S	S	S	S	5	S	S	S	S	5	5	S	5	5	"	N/A	N/A	N/A	N/A	N/A	N/A	N/A	R	K	R	К	R	R	R	K	R	K	K	K	K	K	to DC/RS PCMs	
PCM Place of Care Name PCM Telephone Number	N/A	N/A		A S	S	S	S	S	S	S	S	S	S	s	S	S	S	S	N/A O	N/A	N/A	N/A	N/A	N/A O	N/A O	N/A	R	R	R	R	R	R	R	R	R	R	R	R	R	R	PCM search criteria; only applicable to DC/RS PCMs	M, I
Code		Ö	Ŭ	Ü	Ü		Ü	Ü	Ü	Ü	Ŭ	Ü	Ŭ	O	Ŭ		Ü		Ü	Ü	Ü	Ü	Ü	0	Ü	Ö		Ü	Ŭ	O	Ü	O	0	Ü	Ü	O	Ŭ		Ŭ			
 PCM Mailing Address City Name 	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	Civilian PCM search criteria	М, І
 PCM Mailing Address US Postal Region State Code 	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	Civilian PCM search criteria	М, І
 PCM Mailing Address US Postal Region ZIP Code 	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	Civilian PCM search criteria	M, I
 PCM Mailing Address Country Code 	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		М, І
 PCM Specialty Code PCM Sex Code 	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	-	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	PCM search criteria PCM search criteria	M, I
33. PCM Location Begin Calendar Date	s	S	S	s	s	s	s	S	S	S	S	S	s	_	S	_	_	S	S	S	S	s	s	S	s	S	s	s	s	S	s	s	s	S	s	s	S	s	S	s	Upon PCM selection, DOES will validate that this date is on or prior to the EMC Enrollment Begin Calendar Date. If not, DOES will display an error and the user must select another PCM.	M, I
34. PCM Location End Calendar Date	S	s	s	s	S	S	S	S	S	S	S	S	S	S	S	S		S	S	S	S	S	S	S	S	S	S	S	S	S	S	s	s	S	S	S	s	s	s	S	A. This date must be on or after the EMC Enrollment Begin Calendar Date. If this date is before the EMC Enrollment End Calendar Date, DOES will provide a warning, but will not prevent PCM assignment. B. DOES will only validate this upo PCM selection, NOT when charges are made to the PCM begin or end date. Default criteria for DC PCMs only.	n
35. PCM Default Assignment UIC	5	5	5	5	5	5	5	5	5	b	S	S	5	5	S	S R			N/A		N/A				N/A	N/A	5	5	s	5	5	S	5	5	R	R	R	R	5	5	the beneficiary does not indicate an PCM preference, DOES will default DC PCM based on the sponsor's UIC DOES will ensure that the selected	y a
PCM Assigned Enrollee	R	I R	■ R	R	■ K	R																																	R			D

TRICARE Systems Manual 7950.1-M, August 1, 2002
CHAPTER 3, ADDENDUM D

BUSINESS RULES

BUSINESS RULES: B. (CONT.) ENROLLMENT INTO HEALTH BENEFIT PROGRAM (CHCBP)

GENERAL BUSINESS RULES	ENFORCED BY**
Foreign military are not eligible to enroll in any TRICARE program.	D
Person must not be enrolled in any other managed care programs established or operated under the auspices of the DoD.	D
Enrollment in the CHCBP program cannot extend beyond 36 months except in the case of an unremarried former spouse.	M

			Data Type*		
	Enrollment required for these plans.	CHCB	P PLANS		
	EVENT AND DATA FLOW	(a) Continued Health Care Benefit Program Individual Coverage	(b) Continued Health Care Benefit Program Family Coverage	BUSINESS RULES BY COVERAGE PLAN	ENFORCED BY**
37.	HCDP Plan Coverage Code	R	R	Valid with DEERS "eligible for" coverage.	D
38.	Enrollment Management Contractor Enrollment Begin Calendar Date	R	R	DOES sets this field to the beginning of eligibility for CHCBP coverage.	D
39.	Enrollment Management Contractor Enrollment End Calendar Date	R	R	A. Cannot exceed end of eligibility. DOES defaults to a 36 month enrollment period. B. Must be greater than or equal to enrollment begin date. Enrollment period may not be greater than 36 months except for URFs.	M, D
				DEERS enforces that enrollment periods do not overlap.	D

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C-6, January 16, 2004

BUSINESS RULES: C. DISENROLLMENT

EVENT AND DATA FLOW	Data Type*	GENERAL BUSINESS RULES	ENFORCE By*
Disenrollment		DOES will display all active enrollments in the family for the user to select appropriate beneficiaries to disenroll.	D
		DEERS will set the PCM Selection End Calendar Date based on the EMC Enrollment End Calendar Date.	D
		DEERS will set the PCM Selection End Reason Code based on the EMC Enrollment End Reason Code.	D
		DEERS will revert coverage to the DEERS assigned health coverage plan starting the day following the disenrollment if the beneficiary is still eligible for coverage.	D
		Disenrollments can only be performed on the latest active enrollment.	D
		A disenrollment is done for an individual.	D
		If an Active Duty sponsor loses eligibility, DEERS will disenroll all family members.	D
		DEERS will send disenrollment notifications to all enrollment management and PCM enrolling divisions systems as necessary.	D
		If an Active Duty sponsor dies, DEERS will automatically disenroll all family members from the Active Duty plan and enroll them in a Transitional Survivor plan for three years (or less depending on eligibility) following the date of death. If the family member was enrolled in TPR with no PCM, DEERS will not re-enroll into the Transitional Survivor plan, it is the MIDST's responsibility to do so.	M, D
		If a retired sponsor dies, family members will not be disenrolled from their coverage plan.	D
		When enrollees with a USFHP PCM lose eligibility for TRICARE Prime due to reaching age 65, DEERS will automatically disenroll them from Prime and enroll them in the appropriate TRICARE USFHP Direct Care coverage plan.	D
		Parent and Parent-in-Laws are no longer eligible to enroll.	D
		If a Parent or Parent-in-Law disenrolls from the program, he or she will NOT be eligible to re-enroll at any time.	D

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Chapter 3, Addendum D
Business Rules

BUSINESS RULES: C. DISENROLLMENT

EVENT AND DATA FLOW			DATA	TYPE'	•	BUSINESS RULES BY PROGRAM	ENFORCED By*
Disenrollment Unsolicited Notification from DEERS						Unsolicited notification sent by DEERS.	
Disenrollment performed for all health care plans in these groups:	TRICARE Prime (including Remote) and TRICARE Plus	а				Refer to Policy Notification.	
	TRICARE USFHP Direct Care		b			Refer to Policy Notification.	
	TRICARE ECHO Program			с		Refer to Policy Notification.	
	СНСВР				d	No notification will be sent from DEERS because there is no EDI solution for management of these plans.	
Disenrollment - Voluntary/Involuntary						Disenrollment sent to DEERS by MCSC/USFHP via DOES.	M
						If a beneficiary is waived from paying enrollment fees, the individual will not be disenrolled for non- payment of fees.	D
						If a beneficiary moves to another region, but does not wish to transfer enrollment, the MCSC/USFHP Provider in the new region will be permitted to disenroll the beneficiary.	M, D

TRICARE Systems Manual 7950.1-M, August 1, 2002 Chapter 3, Addendum D Business Rules

BUSINESS RULES: C. DISENROLLMENT

Γ	EVENT AND DATA FLOW		DATA	TYPE*			
	Disenrollment performed for all health care plans in these health care delivery programs:	TRICARE PRIME (INCLUDING REMOTE) AND TRICARE PLUS	TRICARE USFHP DIRECT CARE	TRICARE ECHO PROGRAM	СНСВР	Business Rules By Program	Enforced By**
1	DEERS ID (Insured)	R	R	R	R	Handled by DOES.	D
2	. HCDP Enrollment Update Code		Upo	late		Handled by DOES.	D
3	HCDP Type Code	R	R	R		M=Health Care; handled by DOES.	D
4	HCDP Plan Coverage Code	R	R	R	R	Applicable for latest unterminated enrollment only.	D
5	Enrollment Management Contractor Enrollment Begin Calendar Date	R	R	R	R	Latest unterminated enrollment begin date.	D
6	Enrollment Management Contractor Enrollment End Calendar Date	R	R	R		Must not be more than 60 days in the past (for CHCBP, cannot be before program begin date) or 30 days in the future.	D
7	. EMC Enrollment End Reason Code	R	R	R		Must be appropriate for coverage plan (i.e., "Failure to Pay Fees" reason code can only be used for coverage plans to which enrollment fees apply). DEERS will not allow a disenrollment for "Failure to Pay Fees", if the enrollment plan fees are current for the policy.	M, D

BUSINESS RULES: D. MODIFICATION ENROLLMENT (PCM CHANGE)/PCM PANEL REASSIGNMENT

																			PLAN	AND	Data 1	YPE*																			
									TRI	CARE	PRIME	PLANS	3				_					TRIC#	ARE US	FHP P	LANS							TRIC	ARE F	PLUS P	LANS						
	EVENT AND DATA FLOW	(a) TRICARE Remote for Active Duty Service Members	(b) TRICARE Remote Individual Coverage for Active Duty Family Members	(c) TRICARE Remote Family Coverage for Active Duty Family Members	(d) TRICARE Prime Individual Coverage for Active Duty Sponsors	(e) TRICARE Prime Individual Coverage for Active Duty Family Members	Family Members	5 8 7	Active Duty Decea	Survivors of Active Duty Deceased Sponsors (h) TRICARE Prime Family Coverage for Transitional	e Duty Deceased Sponsors Prime Individual Coverage	(i) TRIC ARE Prime Family Coverage for Survivors	(I) IK LAKE Finne ramily Coverage for Reured Sponsors and Family Members (I) TPIC APE Prime Individual Coverage for	2. "	(n) TRICARE Prime Family Coverage for Transitional Assistance Sponsors and Family Members	(o) Prime Individual Coverage for Transitional Survivors Guard/Reserve Deceased Sponsors	(p) Prime Family Coverage for Transitional Survivors Guard/Reserve Deceased Sponsors	(q) Prime Individual Coverage for Survivors of Guard / Reserve Deceased Sponsors	(r) Prime Family Coverage for Survivors of Guard/Reserve Deceased Sponsors	(s) TRICARE USFHP Direct Care Coverage for Active Duty Family Members	(t) TRICARE USFHP Direct Care Coverage for Transitional Survivors of Active Duty Sponsors	(u) TRICARE USFHP Direct Care Individual Coverage for Survivors of Active Duty Sponsors	Direct Ca f Active I	(w) TRICARE USFHP Direct Care Individual Coverage for Retired Sponsors and Family Members	(x) TRICARE USFHP Direct Care Family Coverage for Retired Sponsors and Family Members	(y) TRICARE USFHP Direct Care Individual Coverage for Survivors of Guard/Reserve Deceased Sponsors	(z) TRICARE USHHP Direct Care Family Coverage for Survivors of Guard/Reserve Deceased Sponsors	(aa) TRICARE Plus with CHC Coverage for Active Duty Family Members	(ab) TRICARE Plus Coverage for Active Duty Family Members	(ac) TRICARE Plus with CHC Coverage for Transitional Survivors of Active Duty Deceased Sponsors	(ad) TRICARE Plus Coverage for Transitional Survivors Active Duty Deceased Sponsors	(ae) TRICARE Plus with CHC Coverage for Survivors of Active Duty Deceased Sponsors	(af) TRICARE Plus Coverage for Survivors of Active Duty Deceased Sponsors	(ag) TRICARE Plus Coverage for Retired Sponsors, Family Members and Medal of Honor	(ah) TRICARE Plus with CHC Coverage for Retired Sponsors, Family Members and Medal or Honor	(at) IRICARE Plus with CHC Coverage for Transitional Survivors of Guard/Reserve Deceased Sponsors	(a) TRICARE Plus Coverage for transitional Survivors of Guard/Reserve Deceased Sponsors	of Guard/Reserve Deceased Sponsors	Guard/Reserve Deceased Sponsors	BUSINESS RUES BY COVERAGE PLAN	ENFORCED BY**
1.	DEERS ID (Insured)	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	Handled by DOES/PCM Panel Reassignmer application.	t D
2.	HCDP Type Code	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	M=Health Care; handled by DOES/PCM Panel Reassignment application.	D
3.	HCDP Plan Coverage Code	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	The latest current or future coverage plan.	D
4.	Enrollment Management Contractor Enrollment Begin Calendar Date	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	The latest current or future coverage plan.	M, D
5.	PCM Selection Update Code													-						Up	date			_																Handled by DOES/PCM Panel Reassignmen	t D
Ļ	2011																- 20			-			- 70											-						application.	14.5
6.	PCM Region Code	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	The PCM Region Code must fall under the Contract ID managing the enrollment. If ther is only one, DOES/PCM Panel Reassignmen application will default.	t
7.	PCM Network Provider Type Code	None CV UP	None CV	None CV		DC CV UP RS	DC CV UP RS	UP	UP	CV UP	CV UP	UP	DC CV UP RS	DC CV UP RS	DC CV UP RS	DC CV UP RS	DC CV UP RS	DC CV UP RS	DC CV UP RS	UP	UP	UP	UP	UP	UP	UP	UP	DC RS	DC RS	DC RS	DC RS	DC RS	DC RS	DC RS	DC RS	DC RS	DC RS	DC RS	DC RS	A. Value must be appropriate for the coverag- plan. B. DOES will default, but the user may chang if there is more than one option. C. PCM Panel Reassignment application will default to the current PCM network type (CV or UP).	e
8.	PCM Enrolling Division DMIS Identifier	R	R	R	R	R	R	R	R	R	R	R		R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	A For DC, UP, and RS network enrollments, the user will select the DMIS ID/DMIS Nam in DOSS, DOSS will only display DMIS ID. that fall within the PCM Region Code. The PCM Panel Reassignment application will default to the current DMIS ID. B. For CV network enrollments, DOES will default based on the PCM Region Code and coverage plan. The PCM Panel Reassignment application will default to the current DMIS ID.	M, D
9.	PCM Identifier PCM Identifier Type Code	R R	R R	R	R	R	R	R	R		R	R		R	R	R R	R	R	R	R	R	R R	R	R R	R	R R	R	R	R	R	R	R R	R R	R	R	R	R	R			M, D
10.	PCM Identifier Type Code PCM License Identifier	O	O	O	O	O	O	R			O	R		O	R	O	O	R O	O	O	O	O	O	O	R	O	O	R O	R O	O	O	O	O	O	O	R O	O	R			M, D
12.	PCM Name	R	R	R	R	R	R	R	R		R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	PCM search criteria.	M, D
13.	PCM Group Identifier	N/A	N/A	N/A	S	S	S	S	S	S	S	S	s	S	S	S	s	S	s	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	R	R	R	R	R	R	R	R	R	R	R	R	PCM search criteria; only applicable to DC/ RS PCMs	M, D
14.	PCM Group Name	0	0	0	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	0	0	0	0	0	0	0	О	R	R	R	R	R	R	R	R	R	R	R	R	PCM search criteria	M, D
15.	PCM Place of Care Identifier PCM Place of Care Name	N/A	N/A N/A	N/A N/A	S	S	S	S	S	S	S	S	S	S	S	S	S	s	S	N/A N/A	N/A N/A	N/A		N/A N/A	N/A	N/A N/A	N/A N/A	R R	R	R	R	R R	R	R	R	R	R	R	R	PCM search criteria; only applicable to DC/ RS PCMs PCM search criteria; only applicable to DC/	M, D
16.		IN/A					5		S		5	5	5		5	3	3	5	3	IN/A	N/A	IN/A	N/A	IN/A	IN/A	IN/A	IN/A	ĸ	ĸ	ĸ	ĸ	I.	K	ĸ	ĸ	K	K		K	RS PCMs.	M, D
17.	PCM Telephone Number Code	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		M

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CHAPTER 3, ADDENDUM D

BUSINESS RULES

BUSINESS RULES: D. MODIFICATION ENROLLMENT (PCM CHANGE)/PCM PANEL REASSIGNMENT (CONTINUED)

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									TDIC	`ADF	PRIME I	DI ANS							PLAN	AND	DATA		V DE II	SFHP	DI ANG							TDIC	A DE D	LUS PL	, NIC				_		ļ	
	Event And Data Flow	(a) TRICARE Remote for Active Duty Service Members	(b) TRICARE Remote Individual Coverage for Active Duty Family Members	(c) TRICARE Remote Family Coverage for Active Duty Family Members	(d) TRICARE Prime Individual Coverage for Active Duty Sponsors	(e) TRICARE Prime Individual Coverage for Active Duty Family Members	(f) TRICARE Prime Family Coverage for Active Duty Family Members	(g) TRICARE Prime Individual Coverage for Transition Survivors of Active Duty Deceased Sponsors	(h) TRICARE Prime Family Coverage for Transitional Survivors of Active Duty Deceased Sponsors	(i) IRICARE frime individual Coverage for Survivors of Active Duty Deceased Sponsors	(j) TRICARE Prime Family Cover of Active Duty Deceased	(k) TRICARE Prime Individua Retired Sponsors and Famil	(I) TRICARE Prime Family Coverage for Re Sponsors and Family Members	(m) TRIC ARE Prime Individual Coverage for Transitior Assistance Sponsors and Family Members	(n) TRICARE Prime Family Coverage for Transitional Assistance Sponsors and Family Members	(o) Prime Individual Coverage for Transitional Survivors Guard/Reserve Deceased Sponsors	(p) Prime Family Coverage for Transitional Survivors Guard / Reserve Deceased Sponsors	(q) Prime Individual Coverage for Survivors of Guard/Reserve Deceased Sponsors	(r) Prime Family Coverage for Survivors of Guard /Reserve Deceased Sponsors	(s) TRICARE USFHP Direct Care Coverage for Active Duty Family Members	(t) TRICARE USFHP Direct Care Coverage for Transitional Survivors of Active Duty Sponsors	(u) TRICARE USFHP Direct Care Individual Coverage for Survivors of Active Duty Sponsors	(v) TRICARE USFHP Direct Care Family Coverage for Survivors of Active Duty Sponsors	(w) TRICARE USFHP Direct Care Individual Coverage for Retired Sponsors and Family Members	(x) TRICARE Retirec	(y) TRICARE USFHP Direct Care Individual Coverage for Survivors of Guard/Reserve Deceased Sponsors	(z) TRICARE USFHP Direct Care Family Coverage to Survivors of Guard/Reserve Deceased Sponsors	(aa) TRICARE Plus with CHC Coverage for Active Duty Family Members	(ab) TRICARE Plus Coverage for Active Duty Family Members	(ac) TRICARE Plus with CHC Coverage for Transitional Survivors of Active Duty Deceased Sponsors	(ad) TRICARE Plus Coverage for Transitional Survivors Active Duty Deceased Sponsors	(ae) TRICARE Plus with CHC C Survivors of Active Duty Deceas	(af) TRICARE Plus Cove Active Duty Deces	(ag) TRICARE Plus Coverage for Retire- Family Members and Medal of H	(ah) TRICARE Plus with CHC Coverage for Retired Sponsors, Family Members and Medal or Honor	(ai) TRICARE Plus with CHC Coverage for Transitional Survivors of Guard/Reserve Deceased Sponsors	(aj) TRICARE Plus Coverage for Transitional Survivors of Guard/Reserve Deceased Sponsors	(ak) TRICARE Plus with CHC Coverage for Survivors of Guard/Reserve Deceased Sponsors	Guard/Reserve Deceased Sponsors	(al) TRICARE Plus Coverage for Survivors of	BUSINIESS RUIES BY COVERAGE PLAN	ENFORCED BY**
10	PCM Mailing Address City Name		c	S	c	S	c	<u> </u>	S	S	S	S	S	S E	S	S	c	S	c	S	S	S		S	S	S	0	S	S	e =	S	S	c	c	S	S	S	S	S		Civilian PCM search criteria	M, D
19.	PCM Mailing Address US Postal	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S		Civilian PCM search criteria	M, D
20.	Region State Code PCM Mailing Address US Postal	s	S	S	s	s	s	s	s	S	s	s	s	s	s	s	s	S	S	s	s	s	S	S	s	s	s	s	s	S	S	S	S	S	S	S	S	S	s		Civilian PCM search criteria	M, D
21.	Region ZIP Code PCM Mailing Address Country	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	-		M, D
22	Code PCM Specialty Code	S	c	c	c	S	c	c	c	S	c	c	c	S		c	S	S	c	S	c	S	c	S	c	c	c	c	c	c	c	S	c	c	c	S	c	c	c	Dy	PCM search criteria	M, D
23	PCM Sex Code	S	S	S	S	S	S	S	S	S	S	S	S	S	S	5	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S		CM search criteria	M, D
24.	PCM Location Begin Calendar Date	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	Va El D se	Jpon network PCM selection, DOES will alidate that this date is on or prior to the MCC Enrollment Begin Calendar Date. If not, DOES will display an error and the user must elect another PCM. PCM Panel will not edit gainst this.	M, D
25.	PCM Location End Calendar Date	S	S	S	S	S	S	S	S	S	S	S	S	S	S	s	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	En be D no B.	N. This date must be on or after the EMC Enrollment Begin Calendar Date. If this date is sefore the EMC Enrollment End Calendar Date, DOES will provide a warning, but will tot edit against this. B. DOES will only validate this upon PCM election, NOT when changes are made to the CM begin or end date.	M, D
26.	PCM Selection Begin Calendar Date	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	ef B. PC or th If da pa PC D w C.	V. This is the date the new PCM becomes frefictive. 3. There cannot be date gaps for PCM; certain CVM information is always associated with a senson's enrollment date. 5. Must be no greater than 60 days in the past r90 days in the future if initial assignment to his PCM. 6. However, the control of the first proper than 60 days in the sast or 90 days in the future of the current CVM Selection Begin Calendra Date. 7. Medical must be no greater than 60 days in the sast or 90 days in the future of the current CVM Selection Begin Calendra Date. 7. Medical Total Ressistignment application will populate the previous PCM Selection Begin Calendra Date. 8. Medical Resisting Provious PCM Selection Begin Calendra Date as the day prior to new PCM selection Begin Calendra Date.	M, D
27.	Prior PCM Selection End Reason Code	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	TI ch	The reason code represents why the person is hanging the existing PCM to a new PCM.	M, D
28.	PCM Assigned Enrollee Quantity	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	D w	OOES/PCM Panel Reassignment application vill ensure that the selected PCM has	D

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CHAPTER 3, ADDENDUM D

BUSINESS RULES

BUSINESS RULES: E. MODIFICATION OF ENROLLMENT (PCM CANCELLATION AND TRANSFER CANCELLATION)

GENERAL BUSINESS RULES	ENFORCED BY**
DOES will display all enrollments for the family when a cancellation event falls within the prescribed business rules below. The user must	D
select the appropriate enrollee(s).	
The user may reinstate the previous PCM or replace the current PCM with a new one. (See PCM Change business rules for the latter option.)	D
If there is only one PCM for the enrollment, thus no PCM to reinstate, a PCM cancellation will not be allowed, the user must cancel the	
enrollment.	
The instance of the PCM selection being cancelled will be removed and will not be displayed by DEERS in subsequent transactions.	D
DEERS will send policy change notifications to all systems participating in the management of the enrollment.	D
Only the current MCSC/USFHP managing the enrollment can update PCM information; only the MCSC/USFHP that performed the transfer	D
may cancel it.	
The PCM or transfer effective date cannot be more than 60 days in the past.	D

BUSINESS RULES: E. MODIFICATION OF ENROLLMENT (PCM CANCELLATION AND TRANSFER CANCELLATION)

_	PCM/Transfer cancellation																																								
	PCM/transfer cancellations allowed																																								
	for these plans, unless otherwise stated																																								
	below																		PLAN	AND	DATA 1	YPE*																			
									TDIC	^A DF	PRIME	PI ANS										TDICA	RE US	FHP P	2MAI		П		TD	IC A DE	Pills	PLANS	- PCI	M CAN	ICELLA	TION	ONLY				
	-				_	_	_	_	IKK	OAKE	I KIIVIL	LAN				_	_	_				IKIO	IKE OU		LAIN	_		_	- 11	I CARL	. 1 100	LANG		VI CAI	ICLLLA	WION .	CIVE	_			
	EVENT AND DATA FLOW	(a) TRICARE Remote for Active Duty Service Members	(b) TRICARE Remote Individual Coverage for Active Duty Family Members	(c) TRICARE Remote Family Coverage for Active Duty Family Members	ds.	Active Duty Family Members	Active Duty Family Members	(g) I KICARE Prime Individual Coverage for Transitional Survivors of Active Duty Deceased Sponsors	(ii) INCARE Filmeralmy Coverage for transminan Survivors of Active Duty Deceased Sponsors (i) TBICARE Prime Is disided Coverage for Transition.	ceased Spon	ed Sponsors	2 E	Famil	(m) TRICARE Prime Individual Coverage for Transitional Assistance Sponsors and Family Members	(n) TRICARE Prime Family Coverage for Transitional Assistance Sponsors and Family Members	(o) Prime Individual Coverage for Transitional Survivors Guard/Reserve Deceased Sponsors	(p) Prime Family Coverage for Transitional Survivors Guard / Reserve Deceased Sponsors	(q) Prime Individual Coverage for Survivors of Guard/Reserve Deceased Sponsors	(r) Frame Family Coverage for Survivors of Guard /Reserve Deceased Sponsors	(s) TRICARE USFHP Direct Care Coverage for Active Duty Family Members	(t) TRICARE USFHP Direct Care Coverage for Transitional Survivors of Active Duty Sponsors	(u) TRICARE USFHP Direct Care Individual Coverage for Survivors of Active Duty Sponsors	(v) TRICARE USFHP Direct Care Family Coverage for Survivors of Active Duty Sponsors	(w) TRICARE USFHP Direct Care Individual Coverage for Retired Sponsors and Family Members	TRICARE USFHP Direct Care Family Co Retired Sponsors and Family Memb	(y) TRICARE USFHP Direct Care Individual Coverage for Survivors of Guard/Reserve Deceased Sponsors	(z) TRICARE USFHP Direct Care Family Coverage for Survivors of Guard/Reserve Deceased Sponsors	(aa) TRICARE Plus with CHC Coverage for Active Duty Family Members	Coverage for a	CARE Plus with CHC Coverag) TRICARE Plus Coverage for	(ae) TRICARE Plus with CHC Coverage for Survivors of Active Duty Deceased Sponsors	(af) TRICARE Plus Coverage for Survivors of	E Plus Coverage for R	(ah) TRICARE Plus with CHC Coverage for Retired	Plus with CHC Co	Plus Coverage for Transition	(ak) TRICARE Plus with CHC Coverage for Survivors of Guard / Reserve Deceased Sponsors	(al) TRICARE Plus Coverage for Survivors of Guard/Reserve Deceased Sponsors	BUSINESS RULES BY COVERAGE PLAN	ENFORCED BY**
1.	DEERS ID (Insured)	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	Handled by Does.	D
2.	HCDP Type Code	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	M=Helath Care; handled by DOES.	D
3.	HCDP Plan Coverage Code	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	The latest current or future coverage plan.	D
	Enrollment Management Contractor Enrollment Begin Calendar Date	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R		The latest current or future coverage plan.	D
5.	PCM Selection Update Code										•									Car	ncel																			Handled by DOES.	D
6.	PCM Region Code	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	PCM being cancelled.	M, D
7.	PCM Enrolling Division DMIS Identifier	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R		PCM being cancelled.	M, D
8.	PCM Network Provider Type Code	None CV UP	None CV	None CV	DC RS		CV	CV	UP	UP	UP	DC CV UP RS	UP	DC CV UP RS	DC CV UP RS	DC CV UP RS	DC CV UP RS		DC CV UP RS	UP	UP	UP	UP	UP	UP	UP	UP	DC RS	DC RS	DC RS			DC I	DC I	RS I	DC !	DC RS	DC RS	DC RS	PCM being cancelled.	M, D
9.	PCM Identifier	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	PCM being cancelled.	M, D
10.	PCM Identifier Type Code	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	PCM being cancelled.	M, D
11.	PCM Name	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	PCM being cancelled.	M, D
	PCM Group Name	S	c	S	S	S	S	S	S	S	S	S	S	c	C	С	С	S	S	S	S	S	S	c	C	c	S	S	S	S	S	S	S	S	S	S	S	S	S	PCM being cancelled.	M, D

TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002 CHAPTER 3, ADDENDUM D BUSINESS RULES

BUSINESS RULES: E. MODIFICATION OF ENROLLMENT (PCM CANCELLATION AND TRANSFER CANCELLATION) (CONTINUED)

	PCM/Transfer cancellation																																								
	PCM/transfer cancellations allowed																																							!	
	for these plans, unless otherwise stated																		DIAN		DATA	TYPE*																			
	below.																		FLAN	AND	DAIA																				
									TRIC	CARE	PRIME	PLANS										TRIC	ARE U	ISFHP I	PLANS				1	RICA	RE Plu	s Plan	ıs - PC	CM C	ANCEL	LATIO	I ONL	Υ		4	
	EVENT AND DATA FLOW	(a) TRICARE Remote for Active Duty Service Members	(b) TRICARE Remote Individual Coverage for Active Duty Family Members	(c) TRICARE Remote Family Coverage for Active Duty Family Members	(d) TRICARE Prime Individual Coverage for Active Duty Sponsors	(e) TRICARE Prime Individual Coverage for Active Duty Family Members	(f) TRICARE Prime Family Coverage for Active Duty Family Members	(g) TRICARE Prime Individual Coverage for Transitional Survivors of Active Duty Deceased Sponsors	(h) TRICAKE Prime Family Coverage for Transitional Survivors of Active Duty Deceased Sponsors	(i) I KICARE Prime Individual Coverage for Survivors of Active Duty Deceased Sponsors	(j) TRICARE Prime Family Coverage for Survivors of Active Duty Deceased Sponsors	(k) TRICARE Prime Individual Coverage for Retired Sponsors and Family Members	(I) TRICARE Prime Family Coverage for Retired Sponsors and Family Members	(m) TRICARE Prime Individual Coverage for Transitiona Assistance Sponsors and Family Members	(n) TRICARE Prime Family Coverage for Transitional Assistance Sponsors and Family Members	(o) Prime Individual Coverage for Transitional Survivors Guard/Reserve Deceased Sponsors	(p) Prime Family Coverage for Transitional Survivors Guard/Reserve Deceased Sponsors	(q) Prime Individual Coverage for Survivors of Guard/Reserve Deceased Sponsors	(r) Frame Family Coverage for Survivors of Guard/Reserve Deceased Sponsors	(s) TRICARE USFHP Direct Care Coverage for Active Duty Family Members	Transitional Survivors of Active Duty Sponsors	(u) TRICARE USFHP Direct Care Individual Coverage for Survivors of Active Duty Sponsors	(v) TRICARE USFHP Direct Care Family Coverage for Survivors of Active Duty Sponsors	(w) TRICARE USFHP Direct Care Individual Coverage for Retired Sponsors and Family Members	(x) TRICARE USFHP Direct Care Family Coverage for Retired Sponsors and Family Members	(y) TRICARE USFHP Direct Care Individual Coverage for Survivors of Guard/Reserve Deceased Sponsors	(z) TRICAKE USFHP Direct Care Family Coverage for Survivors of Guard/Reserve Deceased Sponsors	(aa) TRICARE Plus with CHC Coverage for Active Duty Family Members	(ab) TRICARE Plus Coverage for Active Duty Family Members	(ac) TRICARE Plus with CHC Coverage for Transitional Survivors of Active Duty Deceased Sponsors	(ad) TRICARE Plus Coverage for Transitional Survivors Active Duty Deceased Sponsors	(ae) TRICARE Plus with CHC Coverage for Survivors of Active Duty Deceased Sponsors	(af) TRICARE Plus Coverage for Survivors of Active Duty Deceased Sponsors	(ag) TRICARE Plus Coverage for Retired Sponsors, Family Members and Medal of Honor	(ah) TRICARE Plus with CHC Coverage for Retired Sponsors, Family Members and Medal or Honor	(ai) TRICARE Plus with CHC Coverage for Transitional Survivors of Guard/Reserve Deceased Sponsors	(a)) TRICARE Plus Coverage for Transitional Survivors of Guard/Reserve Deceased Sponsors	(ak) TRICARE Plus with CHC Coverage for Survivors of Guard/Reserve Deceased Sponsors	Guard/Reserve Deceased Sponsors	BUSINESS RUES BY COVERAGE PLAN	ENFORCED BY**
13.	PCM Selection Begin Calendar Date	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	B. There cannot be any date gaps for PCM, certain PCM is required for an enrollment. C. Must not be more than 60 days in the past. D. If there is only one PCM for this enrollment, new PCM selection information must be included with the cancellation. E. If the user chooses, DOES will reinstate the previous PCM selection.	
14.	PCM Selection End Reason Code	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	Ř	R	Ŕ	R	R	R	R	R	R	R	R	"Invalid Entry."	D

BUSINESS RULES: F. MODIFICATION OF ENROLLMENT (TRANSFER)

GENERAL BUSINESS RULES	ENFORCED BY**
Does will list all family members enrolled in different MCSC/USFHP Provider contracts for the user to select.	D
A transfer of enrollment is done for each family member being transferred.	M
When an enrollee relocates to another contractor's region, the transfer is done by the gaining contractor.	M, D
DEERS will validate that the enrollee lives within the enrolling organization's jurisdiction. If the enrollee's ZIP Code is outside jurisdiction	M, D
(as determined on the Service Area File), DOES will provide a warning message but will allow the transfer.	
If there are current and future enrollments for the person being transferred, the future segment must first be cancelled by the MCSC/USFHP	D
Provider managing that future enrollment.	
DEERS will set the EMC Enrollment End Calendar Date and the PCM Selection End Calendar Date for the losing organization, and the EMC	D
Enrollment Begin Calendar Date and PCM Selection Begin Calendar Date for the gaining organization based on the transfer effective date.	
DEERS will check that enrollment fees for the previous policy, if applicable, have been paid to date. If fees are not current, DOES will provide	D
the user with a warning, but will allow the transfer.	
Enrollment fees and Other Health Insurance may be added to DEERS at the time of transfer. Refer to the Online Enrollment Fee Payment and	M, D
OHI Add business rules for more details.	
DEERS will send policy change notifications to all systems participating in the management of the enrollment.	D
Parents and Parents-in-Law are no longer eligible to enroll. However, if they are already enrolled, their enrollments can be modified but the	D
PCM selection MUST remain within the USFHP network.	

TRICARE Systems Manual 7950.1-M, August 1, 2002
Chapter 3, Addendum D
Business Rules

BUSINESS RULES: F. MODIFICATION OF ENROLLMENT (TRANSFER)

ENROLLMENT TRANSFER	1																						
Transfer of Enrollment allowed for these plans:										LAN AN	D DATA	TYPE*											
							(g) T	TRICA	RE PR	ME PLAN	S	(m) T	(n)		(p)			TRICA	ARE L	JSFHP	PLANS		
Event And Data Flow	(a) TRICARE Remote for Active Duty Service Members	(b) TRICARE Remote Individual Coverage for Active Duty Family Members	(c) TRICARE Remote Family Coverage for Active Duty Family Members	(d) TRICARE Prime Individual Coverage for Active Duty Sponsors	(e) TRICARE Prime Individual Coverage for Active Duty Family Members	y Co Men	vera;	y Coverage for Tran uty Deceased Spon	rime Individa	Retired Sponsors and Family Members TRICARE Prime Family Coverage for Survivors of Active Duty Deceased Sponsors	Sponsors and Family Members (k) TRICARE Prime Individual Coverage for	RICARE Prime Individual Coverage for Transitional Assistance Sponsors and Family Members INTELLABE Define Family Coverage for Believed	TRICARE Prime Family Coverage for Transitional Assistance Sponsors and Family Members	(o) Prime Individual Coverage for Transitional Survivors Guard/Reserve Deceased Sponsors	Prime Family Coverage for Transitional Survivors Guard/Reserve Deceased Sponsors	(q) Prime Individual Coverage for Survivors of Guard/Reserve Deceased Sponsors	(r) Prime Family Coverage for Survivors of Guard/Reserve Deceased Sponsors	(s) TRICARE USFHP Direct Care Coverage for Active Duty Family Members	(t) TRICARE USPHP Direct Care Coverage for Transitional Survivors of Active Duty Sponsors	for Survivors of Active Duty Sponsors	TRIC ARE USFHP Direct Care Family Coverage for Survivors of Active Duty Sponsors	Business Rules By Coverage Plan	ENFORCED BY**
. DEERS ID (Insured)	R	R	R	R	R	R	R	R	R	R R	R	R	R	R	R	R	R	R	R	R	R	Handled by DOES.	D
HCDP Type Code	R	R	R	R	R	R	R	R	R	R R	R	R	R	R	R	R	R	R	R	R	R	M=Health Care; handled by DOES.	D
PCM Selection Update Code										ι	pdate											This is an update to an existing HCDP because the person is still covered within the same coverage plan; handled by DOES.	D
HCDP Plan Coverage Code	R	R	R	R	R	R	R	R	R	R R	R	R	R	R	R	R	R	R	R	R	R	Latest current or future coverage plan.	D
Enrollment Management Contractor Enrollment Begin Calendar Date	R	R	R	R	R	R	R	R	R	R R	R	R	R	R	R	R	R	R	R	R	R	A. The date that the enrollment transfer is effective. Must not be more than 60 days in the past or 90 days in the future, within eligibility and at least two days after the current EMC Enrollment Begin Calendar Date.	M, D
																						A. DEERS will terminate the enrollment with the previous MCSC/USFHP Provider one day prior to this date. B. DEERS will set the PCM Selection Begin Calendar Date equal to this date.	D
Enrollment Management Contractor Enrollment End Calendar Date	R	R	R	R	R	R	R		R	R R	R	R	R	R	R	R	R	R	R	R	R	A. DEERS sets this field to the end of eligibility for the enrolled coverage plan. B. DEERS enforces that enrollment periods do not overlap.	D
'. HCDP Individual Enrollment Fee Waiver Reason Code	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	S	s s	S	N/A										If an individual is waived from enrollment fee payments, the reason for the waiver should be sent to DEERS; applicable to coverage plan.	M
Enrollment Management Contractor Health Care Delivery Program Enrollment Application Received Calendar Date	0	0	0	0	0	0	0	0	0	0 0	0	0	0	0	0	0	0	0	0	0	0		М

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C-6, January 16, 2004

BUSINESS RULES: F. MODIFICATION OF ENROLLMENT (TRANSFER) (CONTINUED)

	IROLLMENT TRANSFER										Diass	AND	DATA T	\/DE*											Ī
Tri	insfer of Enrollment allowed for these plans:								TDIO	A DE 7	PLAN PRIME F		DATA I	YPE"					1.6	TDIC	ARE U	CELLE	D:		ı
	Event And Data Flow	(a) TRIC ARE Remote for Active Duty Service Members	(b) TRIC ARE Remote Individual Coverage for Active Duty Family Members	(c) TRIC ARE Remote Family Coverage for Active Duty Family Members	(d) TRICARE Prime Individual Coverage for Active Duty Sponsors	(e) TRICARE Prime Individual Coverage for Active Duty Family Members	(f) TRICARE Prime Family Coverage for Active Duty Family Members	(g) TRICARE Prime Individual Coverage for Transition Survivors of Active Duty Deceased Sponsors	(h) TRICARE Prime Family Coverage f Survivors of Active Duty Deceased	(i) TRICARE Prime Individua Survivors of Active Duty Dea	(j) TRICARE Prime Far of Active Duty	(k) TRICARE Prime Individual Coverage for Retired Sponsors and Family Members	ne Famil s and Far	(m) TRICARE Prime Individual Coverage for Transition Assistance Sponsors and Family Members	(n) TRICARE Prime Family Coverage for Transitional Assistance Sponsors and Family Members	(o) Prime Individual Coverage for Transitional Survivors Guard / Reserve Deceased Sponsors	r Trar ased	(q) Prime Individual Coverage for Survivors of Guard / Reserve Deceased Sponsors	(r) Prime Family Coverage for Survivors of Guard/Reserve Deceased Sponsors	(s) TRICARE USFHP Direct Care Coverage for Active Duty Family Members	(t) TRICARE USFHP Direct Care Coverage for Transitional Survivors of Active Duty Sponsors	(u) TRICARE USFHP Direct Care Individual Coverage for Survivors of Active Duty Sponsors	(S)	Business Rules By Coverage Pian	
Tī	ICARE Service Center Health Care Delivery Program Enrollment	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	BUSINESS RULES BY COVERAGE PLAN	_
A	pplication Received Calendar Date			ш																					
US	rollment Management Contractor Enrollment Residence Mailing Address Fostal Region ZIP Code	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	Required to perform jurisdiction; if ZIP is invalid for enrollment (jurisdiction or program), DOEs will provide a warni and allow the enrollment. DOEs defaults to the residential address ZIP Code (or mailing address ZIP Code if there is residential address on DEERS), but user may change it.	no
Po	rollment Management Contractor Enrollment Work Mailing Address US stal Region ZIP Code	R	R	R	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	J/A	N/A	N/A		N/A	N/A	N/A	N/A	A. Required for TRICABE Remote only; if ZIP is invalid for enrollment (jurisdiction or program), DOES will provide warning and allow the enrollment. DOES defaults to the residential address ZIP Code (or mailing address ZIP Code there is no residential address on DEERS), but user may change it. B. If the sponsor and family member's residential ZIP codes are not equal, DOES will prompt the user to disenroll the family member.	if e
A	onsor Enrollment Management Contractor Enrollment Residence Mailing Idress US Postal Region ZIP Code	R	R	R	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A I	N/A	N/A	N/A	N/A	N/A	N/A	N/A	A. Required for TRICARE Remote only; if ZIP is invalid for enrollment (jurisdiction or program), DOES will provide warning and allow the enrollment. B. If the sponsor's residential ZIP Code is modified to be different than the family members' that are enrolled in TPR ADFM in another contract, DEERS will automatically disenroll the family members and send appropriate notification	
	ealth Care Delivery Program Enrollment Card Request Status Code	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	N/A	N/A	N/A	N/A	Indicates whether or not an ID card should be generated. Default is to generate card upon transfer.	
	ealth Care Delivery Program Enrollment Card Request Calendar Date M Region Code	R	S R	S R	S R	R	R	S R	R	R	R	S R	S R	S R	S R	R	R	S R	R	N/A R	N/A R	N/A R	N/A R	Default to current date; change only when Enrollment Card is Requested. The PCM Region Code must fall under the Contract ID managing the enrollment transfer. If there is only one, DOES widefault.	rill
PC	M Network Provider Type Code	None CV UP	None CV	None CV	DC RS	DC CV UP RS	DC CV UP RS	DC CV UP RS	DC CV UP RS	DC CV UP RS	DC CV UP RS	DC CV UP RS	DC CV UP RS	DC CV UP RS	UP	UP	DC CV UP RS	DC CV UP RS	DC CV UP RS	UP	UP	UP	UP	Value must be appropriate for the coverage plan. DOES will default, but the user may change if there is more than or option.	ie
. PC	M Enrolling Division DMIS Identifier	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	A. For DC, UP, and RS network enrollments, the user will select the DMIS ID/DMIS Name in DOES. DOES will only display DMIS that fall within the PCM Region Code. B. For CV network enrollments, DOES will default based on the PCM Region Code and coverage plan.	
_	M Identifier				R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	PCM search criteria	
	'M Identifier Type Code 'M License Identifier	R R	R R	R	R	R	R	R	R	R	R	R	R O	R O	R O	R O	R	R	R	R	R	R	R		
	M Name	0	0		S	s	S	s	S	s	S	S	S	s	S	S	S	S	S	S	S	S	S	PCM search criteria	
	M Group Identifier	R	R	R	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	N/A	N/A	N/A	N/A	PCM search criteria; only applicable to DC/RS PCMs	
	'M Group Name 'M Place of Care Identifier	N/A O	N/A O	N/A	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	O N/A	O N/A	O N/A	O N/A	PCM search criteria	
	M Place of Care Identifier M Place of Care Name	N/A	N/A	-	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	N/A	N/A	N/A	N/A N/A	PCM search criteria; only applicable to DC/RS PCMs PCM search criteria; only applicable to DC/RS PCMs	
	M Telephone Number Code	N/A	N/A		0	0	0	0	0	0	0	0	0	0		0	0	Ó	0	0	0	0	0	, , , , , , , , , , , , , , , , , , ,	_
	M Mailing Address City Name	0	0	0	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	Civilian PCM search criteria	
PC	M Mailing Address US Postal Region State Code	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	Civilian PCM search criteria	_
PC PC		S	S	S	0	0	0	0	0	0	0	S O	0	0	O	0	0	0	0	0	0	0	0	Civilian PCM search criteria	_
PC PC	M Mailing Address US Postal Region ZIP Code	S			,	c	S	s	S	s	S	S	S	s	S	S	S	S	S	S	S	s	S	Civilian PCM search criteria	
PC PC PC	M Mailing Address US Postal Region ZIP Code M Mailing Address Country Code M Specialty Code	O	0	0	S				S	-		_		S	S	S	S	S	S	S	S	S	S	Civilian PCM search criteria	
PC PC PC PC PC	M Mailing Address Country Code M Specialty Code M Sex Code	o s		S	S	S	S	S	3	5	S	S	S	5				0	S	S	C	S			
. PC . PC . PC . PC . PC . PC	M Mailing Address Country Code M Specialty Code M Sev Code M Location Begin Calendar Date				SSS	S	S	S	S	S	S	S	S	S	S	S	S	3	S		5		S	Upon PCM selection, DOES will validate that this date is on or prior to the EMC Enrollment Begin Calendar Date. If n DOES will display an error and the user must select another PCM. This data must be on as few the EMC Enrollment Begin Calendar Date. If this data is before the EMC Enrollment.	
PC PC PC	M Mailing Address Country Code M Specialry Code M Specialry Code M Sec Code M Location Begin Calendar Date M Location End Calendar Date			S	s s s	S	s s	_	S	S	s		S	s		S	S	s	s	S	s	s	S	DOES will display an error and the user must select another PCM. A. This date must be on or after the EMC Enrollment Begin Calendar Date. If this date is before the EMC Enrollment E Calendar Date, DOES will provide a warning, but will not prevent PCM assignment. B. DOES will only validate this upon PCM selection, NOT when changes are made to the PCM begin or end date.	
PC PC PC PC PC PC	M Mailing Address Country Code M Specialty Code M Sev Code M Location Begin Calendar Date			S	S S S	SSS	S S	_	S	S	S S	S	S S	S S		S S R	S	S	S	S	S R N/A	S	S	DOES will display an error and the user must select another PCM. A. This date must be on or after the EMC Enrollment Begin Calendar Date. If this date is before the EMC Enrollment E Calendar Date, DOES will provide a warning, but will not prevent PCM assignment.	

BUSINESS RULES: G. CHANGE ENROLLMENT PERIOD

	EVENT AND DATA FLOW	DATA TYPE*	GENERAL BUSINESS RULES	ENFORCED By**
			DOES will display all family members that may have the enrollment period changed based on the business rules below.	D
H			An enrollment cannot extend past eligibility.	D
			DEERS will send enrollment change notifications to all systems participating in the management of the enrollment.	D
H			DEERS will ensure enrollment periods do not overlap.	D
			DEERS will only allow modification of a begin date to the latest current or future enrollment if it began within the past 60 days. DEERS will allow modification to the last terminated enrollment's end date if the current end date is within the past 60 days and there is no later enrollment.	D
			Only the entity that managed the enrollment may change the enrollment end date and the change must be made within 60 days of the disenrollment date. The end date can be changed to an earlier date that does not fall into an earlier PCM segment with a different DMIS ID than the last PCM*** and is not more than 60 days in the past of the current date. The end date may be changed to a later date within eligibility that does not overlap a later enrollment and is not more than 90 days in the future of the current date.	D
			If there has been a change of coverage plan within the HCDP (e.g., change from Prime to Plus) and the begin date of the later enrollment is modified, the end date of the previous enrollment will be modified accordingly to provide continuous enrollment.	D
			Only the entity that created the enrollment may change the enrollment begin date. The begin date can be changed to an earlier date that does not overlap another enrollment and is not more than 60 days from the current date. The begin date can be changed to a later date that is not more than 90 days in the future of the current begin date and does not fall into a later PCM segment with a different DMIS ID than the first PCM***.	D
Ħ			DEERS will notify all systems participating in the management of the enrollment as necessary.	D
			DOES will update the policy enrollment period for a family based on the new enrollment dates. DOES will honor differences in an individual's enrollment begin date. Family members may have different enrollment end dates based on length of eligibility.	D

^{***} Restriction based on the type of updates Legacy DEERS can accept. May be re-evaluated when Legacy DEERS is no longer used for claims inquiries.

BUSINESS RULES: G. CHANGE ENROLLMENT PERIOD

Γ	EVENT AND DATA FLOW	D.	ATA T	YPE ¹	*		
	Enrollment Period Change for an						
	Individual						
	Change of enrollment period allowed for all health care plans in these health care delivery programs:	(INCLUDING REMOTE)	DIRECT CARE TRICARE PRIME	TRICARE FEOS	TRICARE PIUS	Business Rules By Coverage Plan	ENFORCED BY**
1	. DEERS ID (Insured)	R	R	F	3	Handled by DOES.	M, D
2	HCDP Enrollment Update Code		Upda	te		Handled by DOES.	M, D
3	HCDP Type Code	R	R	F	3	M=Health Care; handled by DOES.	M, D
4	. HCDP Plan Coverage Code	R	R	F		The latest current or future coverage plan for begin date modifications; the latest coverage plan (must be terminated) for end date modifications.	M, D
	i. Enrollment Management Contractor Enrollment Begin Calendar Date	R	R	F		A. The EMC Enrollment Begin Calendar Date can be changed only if it is currently not more than 60 days in the past or 90 days in the future. B. The new EMC Enrollment Begin Calendar Date must be within eligibility and must be within 60 days prior to or 90 days in the future of the current EMC Enrollment Begin Calendar Date. The new begin date may not be changed if there is a later PCM with a different DMIS ID than the first***.	M, D
						A. If the new EMC Policy Enrollment Period Begin Calendar Date precedes the original EMC Enrollment Begin Calendar Date, the EMC Policy Enrollment Period Begin Calendar Date will be modified to this date. B. The EMC Policy Enrollment Period End Calendar Date will also be modified accordingly to a 12-month (or less depending on eligibility) period, if applicable. C. DOES will set the initial PCM Selection Begin Calendar Date equal to this date.	D
6	o. Enrollment Management Contractor Enrollment End Calendar Date	R	R	F		A. For enrollments terminated by an enrolling organization, this date must not be more than 60 days in the past. The new EMC Enrollment End Calendar Date must not be more than 60 days in the past, or more than 30 days in the future of the current EMC Enrollment End Calendar Date and cannot exceed eligibility. B. For enrollments terminated by DEERS, this date may only be changed to a later date if the enrollee's eligibility has been extended. C. The end date can be changed to an earlier date that does not fall into an earlier PCM segment with a different DMIS ID than the last PCM*** and is not more than 60 days in the past of the current date. The end date may be changed to a later date within eligibility that does not overlap a later enrollment and is not more than 90 days in the future of the current date. A. DOES will set the last PCM Selection End Calendar Date equal to this date.	M, D
						B. If this is the last active enrollment in the policy, the EMC Policy Enrollment Period End Calendar Date will reflect this date.	D

^{***} Restriction based on the type of updates Legacy DEERS can accept. May be re-evaluated when Legacy DEERS is no longer used for claims inquiries.

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C-6, January 16, 2004

BUSINESS RULES: H. CHANGE ENROLLMENT END REASON CODE

			ENFORCED
EVENT AND DATA FLOW	DATA TYPE*	GENERAL BUSINESS RULES	BY**
		DOES will display all family members that may have their enrollment end reason code changed based	D
		on the business rules below.	
		The system identifier must be the system who managed the enrollment.	D
		The Enrollment End Reason Code may only be changed within the 60 days following the	D
		disenrollment date and only if it is the latest enrollment.	
		Enrollment End Reason Codes set by DEERS cannot be changed.	D

BUSINESS RULES: H. CHANGE ENROLLMENT END REASON CODE

	EVENT AND DATA FLOW	D٨	ATA TY	PE*		
	Enrollment End Reason Code					
	Change					
	Change of enrollment end reason allowed for plans in these health care delivery programs:	RICARE F	TRICARE USFHF DIRECT CARE	m		
		Ĭ	E #	S	Business Rules By Coverage Plan	ENFORCED BY**
1.	DEERS ID (Insured)	R	R	R	Handled by DOES.	D
2.	HCDP Enrollment Update Code	ı	Updat		Handled by DOES.	D
3.	HCDP Type Code	R	R	R	M=Health Care; handled by DOES.	D
4.	HCDP Plan Coverage Code	R	R	R	The latest coverage plan.	D
	Enrollment Management Contractor Enrollment Begin Calendar Date	R	R	R	Enrollment period being changed.	M, D
6.	Enrollment Management Contractor	R	R	R	Enrollment period being changed.	M, D
	Enrollment End Calendar Date				May not be more than 60 days in the past.	D
7.	EMC Enrollment End Reason Code	R	R		Must be appropriate for coverage plan (i.e., "Failure to Pay Fees" reason code can only be used for coverage plans to which enrollment fees apply). DEERS will not allow a disenrollment for "Failure to Pay Fees", if the enrollment plan fees are current for the policy.	M, D

BUSINESS RULES: I. ENROLLMENT/DISENROLLMENT CANCELLATION

			ENFORCED
EVENT AND DATA FLOW	DATA TYPE*	GENERAL BUSINESS RULES	BY**
		DOES will display all family members who may have an enrollment/disenrollment cancelled based	D
		on the business rules below.	
		The instance of the enrollment or disenrollment (including PCM information) will be removed and	D
		will not be displayed by DEERS in subsequent transactions.	
		Any fee payment adjustments should be made prior to cancelling the last enrollment in a policy.	D
		Once all enrollments have been cancelled, fee information will be inaccessible.	
		For disenrollment cancellations, DEERS will reinstate the enrollment, including fee information, as	D
		it existed prior to the disenrollment.	
		DEERS will adjust policy dates for the family as necessary.	D
		DEERS will send policy change notifications to all systems participating in the management of the	D
		enrollment.	
		For enrollment and disenrollment cancellations, the system identifier must be the current MCSC/	D
		DP managing this enrollment. If there has been a transfer of enrollment, the gaining contractor may	
		only cancel the transfer, not the enrollment.	
		When an enrollment is cancelled, DOES will reinstate the previous enrollment if it ended due to a	D
		change in coverage plans within the same HCDP (e.g., changed enrollment from Prime to Plus).	
		An enrollment cannot be cancelled if there is more than one PCM segment with a different DMIS ID	D
		than the first PCM segment***.	

*** Restriction based on the type of updates Legacy DEERS can accept. May be re-evaluated when Legacy DEERS is no longer used for claims inquiries.

TRICARE Systems Manual 7950.1-M, August 1, 2002
Chapter 3, Addendum D
Business Rules

BUSINESS RULES: I. ENROLLMENT/DISENROLLMENT CANCELLATION

	EVENT AND DATA FLOW		DA	TAT	YPE*			
	Enrollment/Disenrollment							
	Cancellation							
	Cancel enrollment/disenrollment allowed for plans in these health care delivery programs:	REMOTE) AND TRICARE PLUS	RECT CARE	TRICARE USFHP	TRICARE ECHO	СНСВР	Business Rules By Coverage Plan	Enforced By**
1.	DEERS ID (Insured)	R		R	R	R	Handled by DOES.	D
	HCDP Enrollment Update Code		(Canc	el		This is the cancellation of a current or future HCDP; handled by DOES.	D
	HCDP Type Code	R	I	R	R	R	M=Health Care; handled by DOES.	D
4.	HCDP Plan Coverage Code	R	I	R	R	R	Current or future coverage plan for Enrollment Cancellation (if there is a future coverage plan, this plan must be cancelled before the current plan may be cancelled); previous coverage plan for Disenrollment Cancellation.	D

TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002 CHAPTER 3, ADDENDUM D BUSINESS RULES

BUSINESS RULES: I. ENROLLMENT/DISENROLLMENT CANCELLATION (CONTINUED)

	EVENT AND DATA FLOW		DATA	TYPE	*		
	Enrollment/Disenrollment						
	Cancellation						
	Cancel enrollment/disenrollment allowed for plans in these health care delivery programs:	REMOTE) AND TRICARE PLUS	DIRECT CARE	PROGRAM	CHCBP	Business Rules By Coverage Plan	Enforced By**
5	Enrollment Management Contractor	S _D	R	D	D	A. The begin date of the enrollment/disenrollment selected for cancellation.	M, D
	Enrollment Begin Calendar Date	K	K	K	K	B. For an enrollment cancellation, this date must be no longer than 60 days in the past or 90 days in the future.	WI, D
	Enrollment Management Contractor Enrollment End Calendar Date	R	R	R	R	A. The end date of the enrollment/disenrollment selected for cancellation. B. For a disenrollment cancellation, this date must be no longer than 60 days in the past or 30 days in the future.	M, D
7.	EMC Enrollment End Reason Code	R	R	R	R	"Invalid Entry"	M, D

2]

BUSINESS RULES: J. ONLINE ENROLLMENT FEE PAYMENT

GENERAL BUSINESS RULES	ENFORCED BY*
This transaction is used for making enrollment fee payments and adjustments, and for disenrollment requests for failure to pay fees.	M, D
DEERS will accumulate individual enrollment fee payments for each policy enrollment period at the policy level.	D
Partial or non-payment of enrollment fees will be accepted by DEERS and should be communicated through the HCDP Enrollment Fee	M
Payment Exception Reason Code.	
Fee payments may be made for the last two policies that are previous, current or future.	M, D
The system identifier is obtained by DEERS from the message header and is used to track the system that sent the enrollment fee payment	D
notification.	
DEERS only accepts fee payments (or adjustments) and disenrollment requests for policies that require fees.	D
DEERS will not allow a disenrollment for "Failure to Pay Fees" if enrollment fees are current for the policy or if the person is waived from	D
paying fees.	
It is yet to be determined which edits will result in a warning vs. a rejection of the fee update. MCSCs/USFHP providers must correct and	M, D
resubmit to DEERS any fee transaction that has resulted in a warning or rejection.	

BUSINESS RULES: J. ONLINE ENROLLMENT FEE PAYMENT

Online Enrollment Fee Payment					PL	an A nd	DATA T							
Enrollment fees required for these plans:					_			TRIC		SFHP [IRECT			
		TRI	CARE	PRIME	PLANS				CARE	PLANS				
Event And Data Flow	(a) TKIC AKE FITHE INDIVIDUAL Coverage for Survivors of Active Duty Deceased Sponsors	(b) TRICARE Prime Family Coverage to Survivors of Active Duty Deceased Sponsors	(c) IRICARE Frime Individual Coverage for Retired Sponsors and Family Members	Retired Spo Family Mer	(e) Frinte individual Coverage for Survivors of Guard/Reserve Deceased Sponsors	(ii) ruine Fainuly Coverage for Survivors of Guard/Reserve Deceased Sponsors	(g) IRICAKE USHIP Direct Care Individual Coverage for Survivors of Active Duty Sponsors	(h) TRICARE USFHP Direct Care Family Coverage for Survivors of Active Duty Sponsors	(i) TRICARE USFHP Direct Care Individual Coverage for Retired Sponsors and Family Members	(j) IRICARE OSFH! Direct Care Family Coverage for Retired Sponsors and Family Members	(k) TRICARE USFHP Direct Care Individual Coverage for Survivors of Guard /Reserve Deceased Sponsors	Family Coverage for Survivors of Guard/Reserve Deceased Sponsors	BUSINESS RULES BY COVERAGE PLAN	ENFORCEE By**
Subscriber Information:		- A											+	
DEERS ID	R	R	R	R	R	R	R	R	R	R	R	R	Must identify a sponsor on DEERS.	M, D
Fee Information:													 	
Health Care Delivery Program Plan Coverage Code	R	R	R	R	R	R	R	R	R	R	R	R	Must identify a previous, current or future policy.	M, D
Health Care Delivery Program Policy Enrollment Period Begin Calendar Date	R	R	R	R	R	R	R	R	R	R	R	R	The begin date of the policy to which the fees or adjustment apply; must identify a policy on DEERS.	M, D
													If the Health Care Delivery Program Enrollment Fee Payment Plan Type Code is "Request for EFT Allotment" and there are less than 3 months in the Policy Enrollment Period, DEERS will create the new Policy Enrollment Period and apply the fee overage.	D
Health Care Delivery Program Enrollment Fee Payment Calendar Date	R	R	R	R	R	R	R	R	R	R	R	R	1	M
Health Care Delivery Program Enrollment Fee Payment Paid-Through Calendar Date	R	R	R	R	R	R	R	R	R	R	R	R	This date must be within the policy enrollment period of the policy identified in #2 unless the HCDP Enrollment Fee Payment Plan Type Code is "Request to begin EFT/allotment" and there are less than 90 days in the policy enrollment period (in this case DEERS will apply the overage to the next period).	M, D
Health Care Delivery Program Enrollment Fee Payment Plan Type Code	R	R	R	R	R	R	R	R	R	R	R	R	Cannot be "monthly" if this is the initial fee payment or if there is not a previous HCDP Enrollment Fee Payment Plan Type Code of "request to begin EFT/allotment".	M, D
Health Care Delivery Program Enrollment Fee Payment Type Code	R	R	R	R	R	R	R	R	R	R	R	R	Cannot be "EFT" or "Allotment" unless there is a previous quarterly payment with HCDP Enrollment Fee Payment Plan Type Code of "request to begin EFT/allotment".	M, D
Health Care Delivery Program Enrollment Year Fee Payment Amount	R	R	R	R	R	R	R	R	R	R	R	R	This should be a dollar amount (with decimal and dollar sign). Can be negative. If the amount posted results in the cumulative fee payment being above or below the expected limit and there are no fee exception reason, DEERS issues a warning/error.	M, D
Health Care Delivery Program Enrollment Fee Payment Exception Reason Code	S	S	S	S	S	S	S	S	S	S	S	S	Required if partial payment or non-payment of fees. This field must be reset each time a fee payment is made if it is still applicable.	M
Health Care Delivery Program Enrollment Fee Action Code	R	R	R	R	R	R	R	R	R	R	R	R	Specifies the type of action: payment or adjustment.	M, D
HCDP Fee Payment Type Code	R	R	R	R	R	R	R	R	R	R	R	R	1	M, D
Account Type Code	S	S	S	S	S	S	S	S	S	S	S	S	Available for HCDP Enrollment Fee Payment Type Code is "EFT".	M, D
Account Person First Name	S	S	S	S	S	S	S	S	S	S	S	S	Available for HCDP Enrollment Fee Payment Type Code is "EFT".	M, D
Account Person Middle Name	S	S	S	S	S	S	S	S	S	S	S	S	Available for HCDP Enrollment Fee Payment Type Code is "EFT".	M, D
Account Person Last Name	S	S	S	S	S	S	S	S	S	S	S	S	Available for HCDP Enrollment Fee Payment Type Code is "EFT".	M, D
Financial Institution Name	S	S	S	S	S	S	S	S	S	S	S	S	Available for HCDP Enrollment Fee Payment Type Code is "EFT".	M, D
Financial Institution Line Number Identifier	S	S	S	S	S	S	S	S	S	S	S	S	Available for HCDP Enrollment Fee Payment Type Code is "EFT".	M, D
Financial Institution Mailing Address Line 1 Text	S	S	S	S	S	S	S	S	S	S	S	S	Available for HCDP Enrollment Fee Payment Type Code is "EFT".	M, D
Financial Institution Mailing Address Line 2 Text	S	S	S	S	S	S	S	S	S	S	S	S	Available for HCDP Enrollment Fee Payment Type Code is "EFI".	M, D

TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002 CHAPTER 3, ADDENDUM D BUSINESS RULES

BUSINESS RULES: J. ONLINE ENROLLMENT FEE PAYMENT (CONTINUED)

	Online Enrollment Fee Payment					PL	an A nd	DATA	A TYPE"						
	Enrollment fees required for these plans:		TRICARE PRIME PLANS							CARE U	SFHP I				
	EVENT AND DATA FLOW	(a) TRICARE Prime Individual Coverage for Survivors of Active Duty Deceased Sponsors	(b) TRICARE Frame Family Coverage for Survivors of Active Duty Deceased Sponsors	(c) TRICARE Prime Individual Coverage for Retired Sponsors and Family Members	(d) TRICARE Prime Family Coverage for Retired Sponsors and Family Members	(e) Prime Individual Coverage for Surviv ors of Guard /Reserve Deceased Sponsors	Guard/Reserve Deceased Sponsors	Individual Coverage for Survivors of Active Duty Sponsors	Family Coverage for Survivors of Active Duty Sponsors (g) TRICARE USFHP Direct Care	Individual Coverage for Retired Sponsors and Family Members (h) TRICARE USFHP Direct Care	() INCARE OSFII Direct Care Family Coverage for Retired Sponsors and Family Members (3) TRUGHE Direct Care	individual Coverage for Survivors of Guard / Reserve Deceased Sponsors	(i) INCARE OFFIT Direct Care Family Coverage for Survivors of Guard/Reserve Deceased Sponsors	Business Rules By Coverage Plan	ENFORCED By**
20.	Financial Institution Mailing Address City Name	S	S	S	S	S	S	S	S	S	S	S	S	Available for HCDP Enrollment Fee Payment Type Code is "EFT".	M, D
21.	Financial Institution Mailing Address US Postal Region State Code	S	S	S	S	S	S	S	S	S	S	S	S	Available for HCDP Enrollment Fee Payment Type Code is "EFT".	M, D
22.	Financial Institution Mailing Address US Postal Region ZIP Code	S	S	S	S	S	S	S	S	S	S	S	S	Available for HCDP Enrollment Fee Payment Type Code is "EFT".	M, D
23.	Financial Institution Mailing Address US Postal Region ZIP Extension Code	S	S	S	S	S	S	S	S	S	S	S	S	Available for HCDP Enrollment Fee Payment Type Code is "EFT".	M, D
24.	Financial Institution Mailing Address Country Code	S	S	S	S	S	S	S	S	S	S	S	S	Available for HCDP Enrollment Fee Payment Type Code is "EFT".	M, D
25.	Financial Institution Telephone Number	S	S	S	S	S	S	S	S	S	S	S	S	Available for HCDP Enrollment Fee Payment Type Code is "EFT".	M, D
26.	Bank Routing Transit Number Identifier	S	S	S	S	S	S	S	S	S	S	S	S	Available for HCDP Enrollment Fee Payment Type Code is "EFT".	M, D
27.	Bank Account Number Identifier	S	S	S	S	S	S	S	S	S	S	S	S	Available for HCDP Enrollment Fee Payment Type Code is "EFT".	M, D

BUSINESS RULES: K. ENROLLMENT FEE WAIVER UPDATE FOR AN INDIVIDUAL

GENERAL BUSINESS RULES	ENFORCED BY**
There are no dates associated with the waiver; it can be set or removed as necessary and no history is kept on the setting of this field.	D

BUSINESS RULES: K. ENROLLMENT FEE WAIVER UPDATE FOR AN INDIVIDUAL

ENROLLMENT FEE WAIVER UPDATE FOR AN INDIVIDUAL				PLAN	NAND	DATA	TYPE*						1
Enrollment fees required for these plans:	TE	RICARE	PRIME	PLANS					SFHP D PLANS				
	(a) TRICARE Prime Individual Coverage for Survivors of Active Duty Deceased Sponsors	Sponsors and Family Members (b) TRICARE Prime Family Coverage for Survivors of	amily Memi	verag	(t) Prime Family Coverage for Survivors of Guard/Reserve Deceased Sponsors	(g) TRICARE DP Direct Care Individual Coverage for Survivors of Active Duty Sponsors	(h) TRICARE DP Direct Care Family Coverage for Survivors of Active Duty Sponsors	(i) TRIC ARE DP Direct Care Individual Coverage for Retired Sponsors and Family Members	(j) TRICARE DP Direct Care Family Coverage for Retired Sponsors and Family Members	(k) TRICARE DP Direct Care Individual Coverage for Survivors of Guard/Reserve Deceased Sponsors	(l) TRICARE DP Direct Care Family Coverage for Survivors of Guard/Reserve Deceased Sponsors	Business Rules By Coverage Plan	Enforced By**
DEERS ID (Insured)	R .	R R	R	R	R	R	R	R	R	R	R	The beneficiary who is exempt from paying enrollment fees; handled by DOES.	M, D
HCDP Enrollment Update Code					Upo	late						Handled by DOES.	D
HCDP Type Code	R .	R R	R	R	R	R	R	R	R	R	R	M=Health Care; handled by DOES.	M, D
HCDP Plan Coverage Code	R .	R R	R	R	R	R	R	R	R	R	R	The latest current or future coverage plan.	M, D
Enrollment Management Contractor Enrollment Begin Calendar Date	R	R R	R	R	R	R	R	R	R	R	R	A. The enrollment period for which the enrollment fee waiver is effective. B. Enrollment must exist in DEERS.	M, D
Enrollment Management Contractor Enrollment End Calendar Date	R .	R R	R	R	R	R	R	R	R	R	R	A. The enrollment period for which the enrollment fee waiver is effective. B. Enrollment must exist in DEERS.	M, D
HCDP Individual Enrollment Fee Waiver Reason Code	R :	R R	R	R	R	R	R	R	R	R	R	The reason for which a beneficiary is waived from paying enrollment fees should be sent to DEERS.	M

BUSINESS RULES: L. BENEFICIARY UPDATE

EVENT AND DATA FLOW Type* BUSINESS RULES When an enrollee's address is updated in DOES, a policy notification enrollment, and a PIT will be sent to the appropriate CHCS host site (in The Mailing Address Maintenance Source Code will indicate whether USFHP Provider, CHCS, or a military personnel update. For OCONUS addresses, ZIP Codes should be entered on Address Linger Person Information Reference Handled by DOES. E-mail Address Update Code Benefit Address Use Priority Code E-mail Address Type Code Required if address is being updated. Mailing Address Type Code A Must be included if updating the address must be included if address is a complete unit. All required elements must be included and approach to the appropriate CHCS host site (in the provider) and included included included in the provider in the prov	if any). r the address was last updated by an MCSC, a	BY** D D D
enrollment, and a PIT will be sent to the appropriate CHCS host site (i The Mailing Address Maintenance Source Code will indicate whether USFHP Provider, CHCS, or a military personnel update. For OCONUS addresses, ZIP Codes should be entered on Address Lir Person Information 1. DEERS ID R Handled by DOES. 2. E-mail Address Update Code S Handled by DOES. 3. E-mail Address Use Priority Code S Residence e-mail address. 4. E-mail Address Text O Required if address is being updated. 5. Mailing Address Update Code R Required if address is being updated. 6. Mailing Address Type Code S A. Must be included if updating the address information; indicates if n B. Address is a complete unit. All required elements must be included	if any). r the address was last updated by an MCSC, a	D M D
The Mailing Address Maintenance Source Code will indicate whether USFHP Provider, CHCS, or a military personnel update. For OCONUS addresses, ZIP Codes should be entered on Address Lir Person Information 1. DEERS ID R Handled by DOES. 2. E-mail Address Update Code 3. E-mail Address Use Priority Code 4. E-mail Address Use Priority Code 5. Mailing Address Text 6. Mailing Address Type Code 6. Mailing Address Type Code The Mailing Address Maintenance Source Code will indicate whether USFHP Provider, CHCS, or a military personnel update. For OCONUS addresses, ZIP Codes should be entered on Address Lir For OCONUS addresses, ZIP Codes should be entered on Address Lir R Handled by DOES. S Handled by DOES. S Residence e-mail address. O R Required if address is being updated. S A. Must be included if updating the address information; indicates if n B. Address is a complete unit. All required elements must be included	r the address was last updated by an MCSC, a	M D
For OCONUS addresses, ZIP Codes should be entered on Address Lin Person Information 1. DEERS ID R Handled by DOES. 2. E-mail Address Update Code S Handled by DOES. 3. E-mail Address Use Priority Code S Residence e-mail address. 4. E-mail Address Text O Railing Address Update Code 6. Mailing Address Type Code S A. Must be included if updating the address information; indicates if n B. Address is a complete unit. All required elements must be included	ne 2 in DOES.	D
Person Information		
 E-mail Address Update Code E-mail Address Use Priority Code E-mail Address Use Priority Code E-mail Address Text Mailing Address Update Code Mailing Address Type Code Mailing Address Type Code Mailing Address Type Code A. Must be included if updating the address information; indicates if n B. Address is a complete unit. All required elements must be included 		
 E-mail Address Update Code E-mail Address Use Priority Code E-mail Address Use Priority Code E-mail Address Text Mailing Address Update Code Mailing Address Type Code Mailing Address Type Code Mailing Address Type Code A. Must be included if updating the address information; indicates if n B. Address is a complete unit. All required elements must be included 		D
 3. E-mail Address Use Priority Code 4. E-mail Address Text 5. Mailing Address Update Code 6. Mailing Address Type Code 8 Residence e-mail address 9 Required if address is being updated. 9 A. Must be included if updating the address information; indicates if no B. Address is a complete unit. All required elements must be included 		D
 Mailing Address Update Code Mailing Address Type Code Mailing Address Type Code A. Must be included if updating the address information; indicates if n B. Address is a complete unit. All required elements must be included 		D
6. Mailing Address Type Code S A. Must be included if updating the address information; indicates if n B. Address is a complete unit. All required elements must be included		M
B. Address is a complete unit. All required elements must be included		D
C. If current address calendar date in DEERS is greater than date subnupdate.	d for a successful update.	M, D
7. Mailing Address Effective Calendar Date S A. Must be included if updating the address information. B. Address is a complete unit. All required elements must be included C. If current address calendar date in DEERS is greater than date subnupdate.	d for a successful update. mitted, DEERS will not apply an address	M, D
8. Mailing Address Quality Code R This field will be populated by DEERS after Code-1 is run and returne		D
9. Mailing Address Maintenance Source Code R Indicates the source of a mailing address update. If update is made in value should be "MCSC". If update is made in DOES by the Dental Cowill trigger a policy notification and if necessary, a PIT notification.		D
10. Mailing Address Line 1 Text S A. Must be included if updating the address information. B. Address is a complete unit. All required elements must be included C. If current address calendar date in DEERS is greater than date subnupdate.		M, D
11. Mailing Address Line 2 Text O A. Depends on length of address. B. Address is a complete unit. All required elements must be included C. If current address calendar date in DEERS is greater than date subnupdate.		M, D
12. Mailing Address City Name R Address is a complete unit. All required elements must be included for	or a successful update.	M, D
13. Mailing Address US Postal Region State Code S A. Required if address is in the U.S. and Puerto Rico. B. Address is a complete unit. All required elements must be included C. If current address calendar date in DEERS is greater than date subnupdate.		M, D
14. Mailing Address US Postal Region ZIP Code S A. Required if address is in the U.S. and Puerto Rico. B. Address is a complete unit. All required elements must be included C. If current address calendar date in DEERS is greater than date subnupdate.		M, D
15. Mailing Address US Postal Region ZIP Extension Code O Recommended if known and address is in the U.S. and Puerto Rico. If current address calendar date in DEERS is greater than date submitted.	ted DEERS will not apply an address update	M D
16. Mailing Address Country Code S Address is a complete unit. All required elements must be included for		M, D
If current address calendar date in DEERS is greater than date submitt		D
17. Telephone Number Update Code S Handled by DOES.		D
18. Home Telephone Number Code S At least one telephone number must be populated if the Telephone Nu	umber Update Code indicates an update.	M, D
19. Work Telephone Number Code S At least one telephone number must be populated if the Telephone Nu	umber Update Code indicates an update.	M, D
20. Fax Telephone Number Code S At least one telephone number must be populated if the Telephone Nu	umber Update Code indicates an update.	M, D

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